

<i>SERFF Tracking Number:</i>	<i>MUTM-126459748</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Gerber Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44618</i>
<i>Company Tracking Number:</i>	<i>VERONICA BOOTH</i>		
<i>TOI:</i>	<i>MS08I Individual Medicare Supplement - Standard Plans 2010</i>	<i>Sub-TOI:</i>	<i>MS08I.001 Plan A 2010</i>
<i>Product Name:</i>	<i>Medicare Supplement Advertising - T03_407</i>		
<i>Project Name/Number:</i>	<i>Medicare Supplement Advertising /T03_407</i>		

Filing at a Glance

Company: Gerber Life Insurance Company

Product Name: Medicare Supplement Advertising - T03_407

SERFF Tr Num: MUTM-126459748 State: Arkansas

TOI: MS08I Individual Medicare Supplement - Standard Plans 2010

SERFF Status: Closed-Filed-Closed

State Tr Num: 44618

Sub-TOI: MS08I.001 Plan A 2010

Co Tr Num: VERONICA BOOTH

State Status: Filed-Closed

Filing Type: Advertisement

Author: Veronica Booth

Reviewer(s): Stephanie Fowler

Date Submitted: 01/18/2010

Disposition Date: 02/02/2010

Disposition Status: Filed-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: Medicare Supplement Advertising

Project Number: T03_407

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 02/02/2010

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 02/02/2010

Created By: Veronica Booth

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Veronica Booth

Filing Description:

NAIC #: 4483-70939

FEIN #: 13-2611847

Gerber Life Insurance Company

Medicare Supplement Advertising

Newspaper Ad: T03_407

Enclosed for review by your Department is a copy of the above-captioned advertising. The form is new and is not intended to replace any previously approved form. It will be used with appropriate approved forms in your state.

SERFF Tracking Number: MUTM-126459748 State: Arkansas
Filing Company: Gerber Life Insurance Company State Tracking Number: 44618
Company Tracking Number: VERONICA BOOTH
TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010
Standard Plans 2010
Product Name: Medicare Supplement Advertising - T03_407
Project Name/Number: Medicare Supplement Advertising /T03_407

This is an ad that will be used to advertise a sample monthly premium. The ad contains a grid with variable fields (see the Memorandum of Variability) that apply to the rating structure for your state. The agent/independent producer would choose which sample rate they would like to advertise by selecting a plan and any other corresponding variable information. The agent/producer would contact the administrative office to request the ad be set up and printed. The administrative office will be responsible for assuring that the correct and current rates and disclosures are used.

This ad will be used as a prospecting piece to generate potential sales leads.

We request that any information in brackets be considered variable. A Memorandum of Variable Material describing the variable items is attached.

Your notice of acceptance of this filing would be greatly appreciated.

Sincerely,

Carly Cole
Product and Advertising Compliance Consultant
Regulatory Affairs
Phone: 402-351-2476
Fax: 402-351-5298
E-mail: advfilings@mutualofomaha.com

vb

Company and Contact

Filing Contact Information

Veronica Booth, Senior Policy Drafting & Regulatory Assistant
Regulatory Affairs
Mutual of Omaha Plaza
Omaha, NE 68175
veronica.booth@mutualofomaha.com
402-351-4737 [Phone]
402-351-5298 [FAX]

Filing Company Information

Gerber Life Insurance Company
1311 Mamaroneck Avenue
White Plains, NY 10605
CoCode: 70939
Group Code: 4483
Group Name:
State of Domicile: New York
Company Type: Life & Health
State ID Number:

Filing Fees

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Gerber Life Insurance Company	\$50.00	01/18/2010	33602966

SERFF Tracking Number:	MUTM-126459748	State:	Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	02/02/2010	02/02/2010

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Newspaper Ad	Veronica Booth	01/25/2010	01/25/2010

<i>SERFF Tracking Number:</i>	<i>MUTM-126459748</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>VERONICA BOOTH</i>		
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<i>Product Name:</i>	<i>Medicare Supplement Advertising - T03_407</i>		
<i>Project Name/Number:</i>	<i>Medicare Supplement Advertising /T03_407</i>		

Disposition

Disposition Date: 02/02/2010

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	MUTM-126459748	State:	Arkansas
Filing Company:	Gerber Life Insurance Company	State Tracking Number:	44618
Company Tracking Number:	VERONICA BOOTH		
TOI:	MS08I Individual Medicare Supplement - Standard Plans 2010	Sub-TOI:	MS08I.001 Plan A 2010
Product Name:	Medicare Supplement Advertising - T03_407		
Project Name/Number:	Medicare Supplement Advertising /T03_407		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Memorandum of Variable Material	Filed	Yes
Form (revised)	Newspaper Ad	Filed	Yes
Form	Newspaper Ad	Replaced	Yes

SERFF Tracking Number: MUTM-126459748 State: Arkansas

Filing Company: Gerber Life Insurance Company State Tracking Number: 44618

Company Tracking Number: VERONICA BOOTH

TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010
Standard Plans 2010

Product Name: Medicare Supplement Advertising - T03_407

Project Name/Number: Medicare Supplement Advertising /T03_407

Amendment Letter

Submitted Date: 01/25/2010

Comments:

Amending filing to add a corrected advertisement.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
T03_407	Advertising	Newspaper Ad	Initial				0.000	T03_407-- Corrected Form 01-25- 10.pdf

SERFF Tracking Number: MUTM-126459748 State: Arkansas

Filing Company: Gerber Life Insurance Company State Tracking Number: 44618

Company Tracking Number: VERONICA BOOTH

TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010
Standard Plans 2010

Product Name: Medicare Supplement Advertising - T03_407

Project Name/Number: Medicare Supplement Advertising /T03_407

Form Schedule

Lead Form Number: T03_407

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Filed 02/02/2010	T03_407	Advertising Newspaper Ad	Initial		0.000	T03_407-- Corrected Form 01-25- 10.pdf

Low **Medicare Supplement Rates** *Where You Live*

A Medicare supplement insurance policy from Gerber Life Insurance Company can help you pay Medicare's deductibles and copayments.

M E D I C A R E S U P P L E M E N T R A T E S

[State, ZIP Codes or ZIP Codes beginning with]	Monthly Premium*		
	Age	Plan [name]	Plan [name]
	[age]	[\$rate]	[\$rate]
	[age]	[\$rate]	[\$rate]
	[age]	[\$rate]	[\$rate]

*[sex specific rate disclosure] [appropriate state rate disclosure]

For Your Rate Quote, Call:

[Agent's Agency Name]

[Agent's Name]

[Agent's Phone Number]



**Gerber Life
Insurance Company**

This is a solicitation of insurance and an insurance agent may contact you by telephone.

Neither Gerber Life Insurance Company nor its Medicare supplement insurance policies are connected with or endorsed by the U.S. government or the federal Medicare program. Medicare supplement insurance policies MTG20, MTG22, MTG24, MTG25 or state equivalent are underwritten by Gerber Life Insurance Company, 1311 Mamaroneck Avenue, White Plains, NY 10605. These policies have exclusions, reductions and limitations.

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Supporting Document Schedules

		Item Status:	Status
Satisfied - Item:	Memorandum of Variable Material	Filed	Date: 02/02/2010
Comments:			
Attachment:			
T03_407 (MoV).pdf			

VARIABLE MATERIAL FOR ADVERTISING FORM

T03_407

The following information in the aforementioned advertisement is bracketed to denote variable material.

Section	Explanation
[State, ZIP Codes or ZIP Codes Beginning With] <i>1st column of the rate chart</i>	The State, ZIP code or ZIP codes being marketed will be shown.
[Age] <i>2nd column of the rate chart</i>	Up to 3 ages, between <65 to 90> may be shown. (The “Age” column will be removed from states that are not age rated.)
Monthly Premium* Plan [Name] <i>Header of the 3rd column of the rate chart</i>	Up to 2 of our approved Medicare Supplement plans will be shown.
[Rate] <i>3rd column, second, third and forth row of the rate chart</i>	Up to 3 of the currently approved rate(s) for the plan(s), age(s) and ZIP code(s) will be shown.
[sex specific rate disclosure] <i>directly below the rate chart</i>	If female rates are used, the disclosure will read “Female rates (male rates may be higher).” If male rates are used, the disclosure will read “Male rates (female rates generally lower).” (Neither option will be printed on states that are not gender rated.)
[appropriate state rate disclosure] <i>directly below the rate chart</i>	AR – Nontobacco-user rates (tobacco-user rates may be higher); rates are subject to change and vary by ZIP code. CA, GA, IA, IN, IL, KY, MI, MS, NE, NM, NV, OH, SC, VA – Nontobacco-user rates (tobacco-user rates may be higher); rates are subject to change and vary by ZIP code. AL, DE, ND, NJ, SD, TN, UT, WV, WY – Nontobacco-user rates (tobacco-user rates may be higher); rates are subject to change. MT – Nontobacco-user rates (tobacco-user rates may be higher); rates are subject to change. WA – Rates are subject to change.
[Line 1]	Either the Agency Name or the Agent’s Name will appear.
[Line 2]	Any one of the following variables relating to the agent may appear: Agency Name, Agent Name, Address, City/State, Telephone, Cell Phone or Toll-Free Number.
[Line 3]	Any one of the following variables relating to the agent may appear: Agency Name, Agent Name, Address, City/State, Telephone, Cell Phone or Toll-Free Number.

PLEASE NOTE: The overprint section of this form is set-up by the administrative office to assure that the correct and current rates and disclosures are used.

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Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
01/18/2010	Form	Newspaper Ad	01/25/2010	T03_407.pdf (Superceded)

Low **Medicare Supplement Rates** *Where You Live*

A Medicare supplement insurance policy from Gerber Life Insurance Company can help you pay Medicare's deductibles and copayments.

M E D I C A R E S U P P L E M E N T R A T E S

[State, ZIP Codes or ZIP Codes beginning with]	Monthly Premium*		
	Age	Plan [name]	Plan [name]
	[age]	[\$rate]	[\$rate]
	[age]	[\$rate]	[\$rate]
	[age]	[\$rate]	[\$rate]

*Male rates (female rates generally lower); nontobacco-user rates (tobacco-user rates may be higher); rates are subject to change and vary by ZIP code.

For Your Rate Quote, Call:

[Agent's Agency Name]

[Agent's Name]

[Agent's Phone Number]



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